

HCPH RWGA Grants Management

HC PUBLIC HEALTH RYAN WHITE GRANT ADMINISTRATION

REQUEST FOR CONFERENCE ATTENDANCE

All sections must be completed and typed. No handwritten forms will be accepted.

Request must be approved prior to attending conference. Justification must include how attendance will benefit the Ryan White Part A program.

NAME OF SUBRECIPIENT:

SERVICE:

FUND NO:

CONTRACT NO:

CONTRACT PERIOD:

CONFERENCE TITLE:

DATE(S):

LOCATION:

COST PER ATTENDEE: \$ _____

OF ATTENDEES:

TOTAL COST: \$ _____

TOTAL COST: \$

TOTAL AMT. CHARGED TO RW FUNDS:

ATTENDEE NAME	TITLE (per Budget Narrative)	% of Staff Time Allocated to RW Program (per Budget Narrative)	% of Staff Time Allocated to Other Funding Source
1.			
2.			
5.			

PURPOSE/RELATION TO JOB: describe the purpose of the conference and how it will enhance job performance in relation to the Ryan White Part A program.

Submit to RWGA Grants Management via fax (832) 927-0168 or email to hivacct@phs.hctx.net

Submitted by (print name)		Phone	
Signature		Date	



APPROVED



DISAPPROVED

Manager, Ryan White Grant Administration

Date

With the modifications stated below (for RWGA use only):
